

Research Article

Contraceptive User's Profile

Profil Akseptor Kontrasepsi

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Abstract

Objective: To obtain informations regarding the profile of contraceptive users in Raden Saleh Clinic, Jakarta.

Method: A cross-sectional study was conducted in June 2012, at Raden Saleh Clinic, Jakarta. The study population was the patient who came to Raden Saleh Clinic from 2008 until 2011.

Results: The mean age of the contraception users was 34.06 and the mean of their husband's age was 38.91 years old. Most of the patients were graduated from senior high school (43.2%) and university (37.9%). More than half of the patients (55.2%) were not working and more than a half of their husband (53.2%) were private employee. Almost all (92.6%) of the patient were married. Most of the patient (38.8%) came with no prior contraception. After consultation, all patients had chosen their preferred contraceptive methods, namely IUD (61.4%), injectable contraception (20.9%), pill (13.7%), sterilization (3.4%), and implant (0.6%).

Conclusion: Family planning reduces maternal mortality and the best method is different for each patient because of the difference in their own condition and the consideration of the cost and benefit.

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Keywords: contraception, contraceptive users profile

Abstrak

Tujuan: untuk mengetahui profil pengguna kontrasepsi di klinik Raden Saleh, Jakarta.

Metode: Studi potong lintang ini dilakukan pada bulan Juni 2012 di klinik Raden Saleh. Populasi sampel adalah pasien yang datang ke klinik tersebut pada tahun 2008-2011.

Hasil: Rerata usia pasien adalah 34,06 tahun dan rerata usia suami pasien adalah 38,91 tahun. Sebagian besar pasien tamat SMU (43,2%), dan D3/S1 (37,9%). Lebih dari separuh pasien (55,2%) tidak bekerja dan lebih dari separuh suami pasien (53,2%) adalah pegawai swasta. Hampir seluruh pasien (92,6%) sudah menikah. Sebagian besar pasien (38,8%) datang dengan tidak memakai kontrasepsi, dan menggunakan AKDR (61,4%), KB suntik (20,9%), pil (13,7%), steril (3,4%), dan implan (0,6%) saat meninggalkan klinik.

Kesimpulan: Kontrasepsi membantu menurunkan mortalitas ibu dan penggunaannya bergantung kepada kondisi masing-masing pasien.

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Kata kunci: kontrasepsi, profil pengguna kontrasepsi

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INTRODUCTION

In recent years, the attention paid to maternal mortality trends in developing country has increased, especially in the context of the United Nations Millennium Declaration. The fifth Millennium Development Goal (MDG) initially emphasized on one target: "to reduce maternal mortality ratio (MMR) by three quarters by 2015".¹

Every year, over 500,000 women die due to maternal causes all over the world. In 2005, the global estimate for MMR was 402 maternal deaths per 100,000 live-births, with 99% of the burden borne by developing nations.² The MMR in Indonesia in 2007 was 228 per 100,000 live births.³

Family planning reduces maternal mortality by enabling women to prevent conception, which in

turn eliminates the risk of unwanted pregnancy and mortality related to pregnancy or childbirth.¹ Effective family planning programs address the largely unmet need for contraception by providing information, counseling and a range of temporary and permanent contraceptive methods.^{4,5}

There are many types of contraceptive methods, including pill, injection, implant, barrier, intra uterine device (IUD), sterilization, and many more. The best contraceptive method is different for each patient because of the difference in their own condition and the consideration of the cost and benefit. The most common contraceptive method used by women in the United States are pill, female sterilization, condom, male sterilization, depo-provera,

respectively.⁶ The aim of this study is to obtain the information regarding the profile of contraceptive users in Raden Saleh Clinic, Jakarta.

METHOD

A cross-sectional study was conducted in June 2012, at Raden Saleh Clinic, Jakarta. The study population was patients who came to Raden Saleh Clinic in 2008 until 2011. All patient who used contraception prior to the first visit were included in this study.

We collected the data with consecutive sampling and we could only collect 417 from all of subjects because of our time and resources limitation. Medical records which were not completely filled were excluded. We included their characteristic in the analysis of this study. All analysis was performed using SPSS for Windows version 17.0.

RESULTS

Table 1. Patient Profile who Receive Contraception

Variable	n	%
Age		
17-20	22	5.3
>20	395	94.7
Education		
Junior high school	36	8.6
Senior high school	180	43.2
D3/S1	158	37.9
S2/S3	5	1.2
Total	417	100.0
Patient's occupation		
Private	116	27.8
Government	33	7.9
Entrepreneur	2	0.5
TNI/POLRI	2	0.5
Not working	230	55.2
Others	34	8.1
Total	417	100.0
Husband's occupation		
Unmarried	31	7.4
Private	222	53.2
Government	30	7.2
Entrepreneur	46	11.0
TNI/POLRI	21	5.0
Not working	3	0.7
Others	64	15.5
Total	417	100.0

The mean age of the contraception users was 34.06 and the mean of their husband's age was 38.91 years old. The age range from 17 to 45 years

old. Twenty two subject were 17-20 years old (Table 1). Most of them (54.5%) used pill as their contraceptive method.

We also collected educational and occupational profile of the patient and their husband which was described in Table 1. Most of the patients had graduated from senior high school (43.2%), and university (37.9%). Only 3.1% of the patients had no formal education. More than half of the patient (55.2%) were not working and more than a half of their husband (53.2%) were private employee.

Table 2. Marital and Obstetrical Status of Patient who Receive Contraception

Variable	n	%
Marital status		
Married	386	92.6
Unmarried	31	7.4
Gravida		
1	53	12.7
2	55	13.2
3	125	30.0
4	115	27.6
5	52	12.5
6	6	1.4
7	3	0.7
8	5	1.2
9	3	0.7
Parity		
0	53	12.8
1	58	13.9
2	145	34.8
3	111	26.6
4	33	7.9
5	6	1.4
6	5	1.2
7	6	1.4
Abortion		
0	365	87.5
1	49	11.8
2	3	0.7

Almost all (92.6%) of the patient were married. Most of them were pregnant 3 times (30.0%), gave birth twice (34.8%) and no history of abortion (87.5%). Interestingly, there were 3 patients who had been pregnant 9 times.

Most of the patients (38.8%) came with no prior use of contraception. The contraceptive method which was used by the patients before their visit to the clinic were IUD (61.4%), injectable contraception (20.9%), pill (13.7%), sterilization (3.4%), and implant (0.6%). They were described in Table 3.

Table 3. Contraception Method that Used by the Patient

Contraception methods	Past		Recent	
	n	%	n	%
No	162	38.8	-	-
Pill	114	27.3	57	13.7
Injection	73	17.5	87	20.9
Implant	1	0.2	3	0.6
IUD	41	9.8	256	61.4
Natural	10	2.4	-	-
Emergency	2	0.5	-	-
Barrier	3	0.7	-	-
Sterilization	-	-	14	3.4
Others	11	2.8	-	-
Total	417	100.0	417	100.0

Most of patients (82.5%) who used pill as their recent contraceptive method were using no contraception before. The result also showed that 31 patients who were not married yet were using contraception because of post abortion care.

DISCUSSION

Various methods of contraception are available today, including condoms for men and women; spermicidal foams, gels, and vaginal films; diaphragms and cervical caps; the Pill; IUDs; and fertility awareness methods that rely on periodic abstinence. There are injections that last for 3 months and implants that last 5 years. There is emergency contraception. The most frequently used birth control is female sterilization; the pill and male condoms are second and third most common.⁷

From the data, we could see that the patient's (who receive contraception) mean age was 34.06 and husband's age was 38.91 years old. Patient's minimum age was 17 and maximum age was 45 years old. USAID found that there was a relationship between contraceptive prevalence and the woman's age and the number of living children. The graph for age shows increasing prevalence of contraceptive use up to the age group of 30-34 years. The prevalence was highest in this age group.⁸

The data about educational and occupational profile of the patient and their husband shows that most patients have graduated from senior high school (43.2%), and university (37.9%). Only 3.1%

of the patients did not have any formal education. More than half of the patient (55.2%) were not working and more than a half of their husband (53.2%) were private employee. Almost all (92.6%) of the patient were married. Most of them were in gravida 3 (30.0%), parity 2 (34.8%) and abortion 0 (87.5%). Interestingly, there were 3 patient that have gravida 3. The data from USAID shows that contraceptive use is associated with higher socioeconomic status and urban residence. Respondents in households with the highest SLI had much higher contraceptive prevalence (40 percent) than those with the lowest SLI (16 percent); conversely, women from households with low SLI were substantially more likely to be never users. Similarly, respondents' literacy was associated with higher current use and lower never use. Past use was also consistent with SLI and literacy. However, past and current users were much more likely to live in urban areas, while more never users resided in rural areas.⁸

Intrauterine devices are small and flexible, made of plastic or plastic and copper, and placed in the uterus through the cervical opening to prevent conception. Only two types of IUDs are approved by the FDA for use in the United States today: the Progestasert and the ParaGard T380A. The vertical stem of the Tshaped Progestasert contains a modest supply of progesterone that slowly diffuses over a 12-month period, after which this IUD must be removed and replaced. The ParaGard is also T-shaped but is partially copper covered. It is often called the "Copper T." It can be left in place for 10 years. This form of birth control is extremely effective; it requires almost no attention; and the long-lasting ParaGard is very inexpensive over the long term. It does not interrupt lovemaking, and fertility returns immediately after it has been removed.⁷ Most of the patient who had give birth three times were using IUD.

Jensen ER concluded that sterilization (which in the Philippines is overwhelmingly dominated by female sterilization) accounted for 30 percent of contraceptive use. The next most popular contraceptive method were pills, which accounted for 23 percent of all contraceptive use. Finally, IUDs accounted for 7 percent, and condoms for 3 percent of use. Injectables, growing in importance by the end of the decade, were not widely used during the period covered by the National Demographic Survey. From our data, IUD was the most popular contraceptive method, accounted for 61.4%, followed

by hormonal injection (20.9%) and hormonal pill (13.7%). The data shows that most women used IUD and it is maybe due to Indonesian culture and believes.⁹

Knowledge of contraception has increased enormously in recent decades. In most countries, women and men are fairly well informed about different methods and their costs, side effects, benefits, and sources of supply. Higher levels of education also have made users more assertive, a trend that should lead to improvements in services. Another important trend with implications for the selection of methods is a continuation of the decline in desired family size. In contemporary pre-transitional societies, women often want large families and, as a consequence, the demand for contraception is low and is focused on methods used for spacing births rather than limiting them. This situation has characterized much of sub-Saharan Africa until recently (Caldwell et al. 1992; Westoff and Bankole 1995). As countries develop, however, desired family size declines and the demand for limiting family size rises sharply. Women who want no more children often use permanent methods. During the next few decades, these trends toward lower desired family size and increasing proportions of women who want no more children can be expected to continue. This situation will lead, in turn, to a high future demand for long-acting methods. In the past, these women often relied on sterilization, but the irreversible nature of this method is an important drawback. This group of women can also rely on the IUD, Norplant®, and, in the future, on new methods that are inexpensive, long-acting, safe, and reversible, and on those that require little or no medical care or supervision.¹⁰

CONCLUSION

Family planning reduces maternal mortality by enabling women to prevent conception, which in turn eliminates the risk of unwanted pregnancy and mortality related to pregnancy or childbirth. the best method is different for each patient because of the difference in their own condition and the consideration of the cost and benefit.

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